


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90033 017 \*\*\*\*55.00

|   |   |
|---|---|
| <b>DOCUMENT # L06000027905</b>                        |  |
| 1. Entity Name<br><b>O.M. SOFTWARE SOLUTIONS, LLC</b> |   |

**60052472**



|  |  |
|--|--|
| Principal Place of Business<br><b>24927 HYDE PARK BLVD.<br/>LAND O LAKES, FL 34639</b> | Mailing Address<br><b>24927 HYDE PARK BLVD.<br/>LAND O LAKES, FL 34639</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
| City & State  | City & State                                  |
| Zip   | Country                                       |

07052007 Chg-LLC CR2E083 (12/06)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-1272624</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |
|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
|---|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>ESHETU, MAAZA<br/>24927 HYDE PARK BLVD.<br/>LAND O LAKES, FL 34639</b> |  |
|--|--|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

|  |  |
|--|--|
| <b>Filing Fee is \$50.00<br/>Due by September 14, 2007</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>ESHETU, MAAZA<br/>24927 HYDE PARK BLVD.<br/>LAND O LAKES, FL 34639</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

|  |                                     |
|--|-------------------------------------|
| <b>SIGNATURE:</b>                 | <b>7/10/07 (813)991-9141</b>        |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date Daytime Phone #</small> |